

Return for month of: _____ Year: _____ Name: _____

List snuff products sold out-of-state. Include the invoice number and date for the purchase, the name, city and state of the purchaser of the product, the brand name, and the quantity and weight in ounces. If more space is needed, include additional schedules C2.

Credit for snuff products sold out-of-state

Invoice number	Invoice date	Sold to: Name, City, and State	Brand name	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

Total weight for snuff products sold out-of-state (enter this total on line 9 of form 70-022a)..... _____

Iowa Tobacco Products In-State Distributors Schedule C2, page 2

Return for month of: _____ Year: _____ Name: _____

Credit for snuff products returned to manufacturer (MFR) (include credit memos) List snuff products returned to manufacturer. Include the invoice number and date for the purchase, the name, city and state of the manufacturer from whom you purchased the product, the brand name, and the quantity and weight in ounces.

Invoice number	Invoice date	Manufacturer's name	Brand name	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

Total weight for snuff products returned to manufacturer (enter this total on line 10 of form 70-022a)..... _____

Include with Iowa In-State Distributors Tobacco Products Return form 70-022